



Attorney's Docket No.: 42P11511C2R

Patent

In re the Application of: Dixon (inventor(s))

Application No.: 09/595,557

Filed: June 14, 2000

For: Three Cell Wireless Communication System

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(title)

FEB 12 2004

COMMISSIONER FOR PATENTS

P.O. Box 1450

Alexandria, Virginia 22313-1450

Technology Center 2600

SIR: Transmitted herewith is an Amendment for the above-referenced application.

Applicant claims small entity status. See 37 CFR 1.27.

XX No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)	SMALL ENTITY	OTHER THAN A SMALL ENTITY
	Claims Remaining After Amd.		Highest No. Previously Paid For	Present Extra	Rate	Additional Fee
Total Claims	17	Minus	25	0	X9	\$
Indep. Claims	5	Minus	5	0	X43	\$
First Presentation of Multiple Dependent Claim(s)					+145	\$
					Total Add. Fee	\$ 0.00

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail with sufficient postage in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450

on February 6, 2004.
Date of Deposit

Leah Schwenke

Name of Person Mailing Correspondence

Leah Schwenke
Signature

February 6, 2004

Date

A check in the amount of \$ _____ is attached for presentation of additional claim(s).
 Applicant(s) hereby Petition(s) for an Extension of Time of _____ month(s) pursuant to
37 C.F.R. § 1.136(a).

A check for \$ _____ is attached for processing fees under 37 C.F.R. § 1.17.
Please charge my Deposit Account No. 02-2666 the amount of \$ _____.

A duplicate copy of this sheet is enclosed.

The Under Secretary of Commerce for Intellectual Property and Director of the United States Patent and Trademark Office is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 02-2666
(a duplicate copy of this sheet is enclosed):

- Any additional filing fees required under 37 C.F.R. § 1.16 for presentation of extra claims.
 Any extension or petition fees under 37 C.F.R. § 1.17.

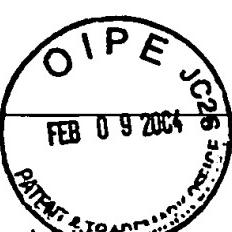
BLAKELY SOKOLOFF TAYLOR & ZAFMAN LLP

Date: February 6, 2004

Mark L. Watson

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Reg. No. 46,322



FEE TRANSMITTAL FOR FY 2004

(FY 2004 Begins 10/01/2003)

TOTAL AMOUNT OF PAYMENT (\$) \$770.00

Complete if known:

Application No. 09/595,557

Filing Date June 14, 2000

First Named Inventor Dixon

Examiner Name Moore, James K.

Art Unit 2686

Attorney Docket No. 42P11511C2R

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Applicant claims small entity status. See 37 CFR 1.27.

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order Other None

Deposit Account

Deposit Account Number : 02-2666

Deposit Account Name:

The Director is Authorized to do the following with respect to the above-identified Deposit Account:

Charge fee(s) indicated below.

Credit any overpayments.

Charge any additional fees during the pendency of this application.

Any concurrent or future reply that requires a petition for extension of time should be treated as incorporating an appropriate petition for extension of time and all required fees should be charged.

Charge fee(s) indicated below except for the filing fee.

FEE CALCULATION

1. BASIC FILING FEE

<u>Large Entity</u>	<u>Small Entity</u>	<u>Fee Description</u>	<u>Fee Paid</u>
Fee Code	Fee (\$)	Fee Code (\$)	
1001	770	2001 385	Utility application filing fee
1002	340	2002 170	Design application filing fee
1003	530	2003 265	Plant filing fee
1004	770	2004 385	Reissue filing fee
1005	160	2005 80	Provisional application filing fee

SUBTOTAL (1) \$ 0.00

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

	<u>Extra Claims</u>	<u>Fee from below</u>	<u>Fee Paid</u>
Total Claims <u>17</u>	<u>- 25 = 0</u>	X	=
Independent Claims <u>5</u>	<u>- 5 = 0</u>	X	=
Multiple Dependent			=

**Or number previously paid, if greater; For Reissues, see below.

<u>Large Entity</u>	<u>Small Entity</u>	<u>Fee Description</u>
Fee Code	Fee (\$)	
1202	18	2202 9
1201	86	2201 43
1203	290	2203 145
1204	86	2204 43
1205	18	2205 9

Claims in excess of 20
Independent claims in excess of 3
Multiple dependent claim, if not paid
**Reissue independent claims over original patent
**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) \$ 0.00

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FEE CALCULATION (continued)

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3. ADDITIONAL FEES

<u>Large Entity</u>	<u>Small Entity</u>	<u>Fee Description</u>	<u>Fee Paid</u>
Fee	Fee	Fee	
Code	(\$)	Code	(\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1813	8,800	1813	8,800
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	420	2252	210
1253	950	2253	475
1254	1,480	2254	740
1255	2,010	2255	1,005
1401	330	2401	165
1402	330	2402	165
1403	290	2403	145
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,330	2453	665
1501	1,330	2501	665
1502	480	2502	240
1503	640	2503	320
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	770	2809	385
1814	110	2814	55
1810	770	2810	385
1801	770	2801	385
1802	900	1802	900
1504	300	1504	300
1505	300	1505	300
1803	130	1803	130
1808	130	1808	130
1454	1,330	1454	1,330
		Acceptance of unintentionally delayed claim for priority	

Other fee (specify) _____

Other fee (specify) _____

SUBTOTAL (3) \$ 770.00

*Reduced by Basic Filing Fee Paid

SUBMITTED BY:

Typed or Printed Name: Mark L. WatsonSignature: _____ Date: February 6, 2004Reg. Number: 46,322 Telephone Number: 303-740-1980

Send to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450